

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Andy Barr for Congress

A.

Full Name (Last, First, Middle Initial)

Dr. Stacy Smith Kesten

Mailing Address 240 E 39th St Apt 41C

City

New York

State

NY

Zip Code

10016

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore Hospital

Occupation
Physician

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.5194

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Kimbrough & Associates, LLC

Mailing Address PO Box 54468

City

Lexington

State

KY

Zip Code

40555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.4865

Amount of Each Receipt this Period

250.00

Attribution requested

C.

Full Name (Last, First, Middle Initial)

Mr. Ronald K. Kirk

Mailing Address 1650 Ashwood Rd

City

Lexington

State

KY

Zip Code

40502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kirk Horse Insurance LLC

Occupation
Executive

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.4949

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)